

PATENTS+TMS
A PROFESSIONAL CORPORATION
2849 W. ARMITAGE AVE.
CHICAGO, IL 60647
TEL: 773/772-6009

RECEIVED
CENTRAL FAX CENTER
MAY 15 2006

APPLICANT: Bergersen

GROUP ART UNIT: 3732

SERIAL NO.: 10/760,604

EXAMINER: Manahan

FILING DATE: January 20, 2004

ATTY. DOCKET NO.: BER-P-03-060

INVENTION: "A DENTAL APPLIANCE AND A SYSTEM AND A METHOD FOR REDUCING AN AMOUNT OF PATIENT COOPERATION TO TREAT A MALOCCLUSION USING THE DENTAL APPLIANCE"

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an AMENDMENT AFTER FINAL for the above-identified application in response to the Office Action dated March 14, 2006.

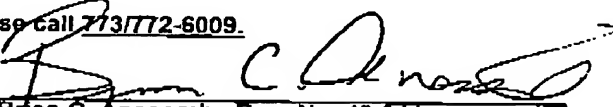
- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	82	MINUS	82	X 0	X 25.00 X 50.00	0.00
INDEP. CLAIMS	9	MINUS	9	X 0	X 100.00 X 200.00	0.00
Application amended to contain any multiple dependent claims not previously paid for.				() YES (X) NO	\$180.00 \$360.00 ONE TIME	0.00
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		0.00

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Deposit Acct. No. 50-0595. A duplicate of this sheet is enclosed for this purpose.


When phoning re this application, please call 773/772-6009.

BY :


Brian C. Anscomb Reg. No. 48,641

CERTIFICATE OF TRANSMISSION

I hereby certify that this Amendment After Final and Transmittal Letter are being transmitted via telefax (571)273-8300 on May 15, 2006.


Brian C. Anscomb Reg. No. 48,641

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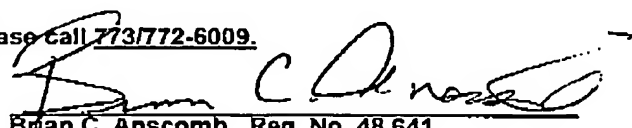
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT AFTER FINAL

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REDUCING AN AMOUNT OF PATIENT COOPERATION TO TREAT A
MALOCCLUSION USING THE DENTAL APPLIANCE"

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Commissioner for Patents
P.O. Box 1450
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SIR:

In response to the Final Rejection dated March 14, 2006,
please amend the above-identified application as follows: